

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	X					
3	X					
4						
5	X					
6	X					
7	X					
8						
9						
10						
11						
12	/					
13	/					
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49						
50						
TOTAL IND.						
TOTAL DEP.	4					
TOTAL CLAIMS	10					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								